

Senate Subcommittee on Primary Health and Aging
Opening Statement by Chairman Bernie Sanders
April 23, 2013

In the midst of a largely dysfunctional health care system, where we spend almost twice as much per capita as any other country, one of the more glaring and obvious failures is our approach to primary care.

In the United States today, some 45,000 people unnecessarily die each year because they don't get to a doctor when they should. Many others end up suffering and in expensive hospital treatment because their medical problems were dealt with later than they should have been. Still, others flood emergency rooms at a cost ten times higher than a visit to a general practitioner because they cannot access affordable primary care when they need it. While the lack of access to primary care is a national problem, it is especially acute in medically underserved rural and inner city communities.

Instituting major reforms in primary care and enabling people to see a doctor when they need one will save lives, ease suffering and allow our nation to save billions in health care costs. What should we do?

First, we need to substantially increase the number of primary care practitioners. In most countries, about 70 percent of doctors practice primary care while 30 percent are specialists. In our country that ratio is reversed. We have about 30 percent primary care practitioners and 70 percent specialists. According to the Health Resources and Service Administration (HRSA) we need 16,000 more primary care practitioners to meet the needs that exist today, and that number will significantly increase in the years to come.

Second, we must implement a major change in the culture of our medical schools. While some medical schools do an excellent job in educating the primary care physicians that we need, many of them do very little in that area. Some do nothing at all. In 2011, about 17,000 doctors graduated from American medical schools. Only 7 percent of those graduates chose a primary care career. Needless to say, we must also change the financial remuneration and reimbursement rates which strongly incentivize medical students with high debt-loads to go into the well-paid specialties rather than primary care. We must also address the absurdity of Medicare providing \$10 billion a year to teaching hospitals – with no demands that they increase the number of primary care physicians we desperately need. As Dr. George Rust states; “Why pay to train doctors we don’t need to practice in places they are not needed.”

Third, we need to greatly expand the Federally Qualified Health Center (FQHC) program which, today, provides high quality and affordable health care, dental care, mental health treatment and low-cost prescription drugs to 22 million Americans. This is a program which provides some of the most cost-effective health care in the country and serves as a medical home for millions with nowhere else to go. Today, there are over 1,200 Community Health Centers located in every state in the country – providing care regardless of income. This excellent program has been expanded in recent years, but much more needs to be done. The goal should be a Community Health Center in every community in America that is medically under-served.

Four, we should greatly expand the National Health Service Corps (NHSC) which provides loan-forgiveness and scholarships to students who are prepared to provide medical, dental and mental health care in underserved areas. Like the FQHC program, the NHSC has also been expanded in recent years and, in 2012, provided financial help to nearly 10,000 clinicians, three times more than in 2008. Nonetheless, there are many more students who would like to go into primary care – if they could escape from the very heavy burden of student loans.